

SURVEY GUIDE

ADULT DAY CARE CENTERS



STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Quality Assurance
Bureau of Health Services

P-03495 (06/2024)

Contents

DQA / BUREAU OF HEALTH SERVICES CONTACT INFORMATION	3
I. INTRODUCTION	4
II. OVERVIEW OF INITIAL SURVEY PROCESS.....	4
A. Initial Survey Checklist	4
B. Environmental Review:.....	4
C. Follow-up Initial Survey	4
III. OVERVIEW OF THE RECERTIFICATION PROCESS	4
A. Off-site Survey Preparation.....	5
B. Entrance Conference.....	5
C. Information Gathering.....	6
E. Information Analysis and Compliance Decision-making.....	7
F. Exit Conference	7
IV. HOME AND COMMUNITY BASED SERVICES (HCBS) REVIEW	8
A. HCBS Benchmarks	8
B. Heightened Scrutiny Review.....	9
C. Correcting HCBS Non-Compliance.....	9
V. STATEMENT OF DEFICIENCIES.....	9
A. Survey Findings	9
B. Timeline	9
C. State and Federal Rules and Standards of Noncompliance.....	9
VI. PLAN OF CORRECTION.....	10
A. Correction of Violations	10
B. Plan of Correction (POC) Content.....	10
C. Time Period for Correction.....	10
D. Verification of Correction	10
E. Failure to Correct Deficiencies.....	11
VII. FACILITY SELF-REPORTING OF INCIDENTS/ACCIDENTS	11
A. Reportable Deaths	11
B. Other Reporting Requirements:.....	11
C. Fire Reporting	11
VIII. COMPLAINTS.....	11
A. Entity Participant Complaints.....	11
B. Caregiver Misconduct.....	12
C. Adult-at-Risk Incidents.....	13

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Madison, WI 53701-2969

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1 W. Wilson St., Rm. 450
Madison, WI 53703

Phone: 608-266-8481

E-mail: dhswebmaildqa@dhs.wisconsin.gov

Fax: 608-264-9847

For additional contact information:

<https://dhs.wisconsin.gov/regulations/adulthoodcare/introduction.htm>

Central Office – Licensing, Certification and CLIA Section (LCCS)

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Bureau of Health Services
Licensing, Certification and CLIA Section
P.O. Box 2969
Madison, WI 53701-2969

Fed Ex or UPS Deliveries

1 W. Wilson St., Rm. 450
Madison, WI 53703

For additional contact information:

<https://dhs.wisconsin.gov/regulations/adulthoodcare/introduction.htm>

IMPORTANT LINKS

Tell us about your survey experience by completing the DQA Post Survey Questionnaire available at:
<https://survey.alchemer.com/s3/7754814/DQA-Post-Survey-Questionnaire>

- Stay up to date with regulatory changes by signing up for the DQA Listserv at:
<https://www.dhs.wisconsin.gov/regulations/listserv-signup.htm>
- This DQA publication (P-03495) is available online at: <https://dhs.wisconsin.gov/publications/index.htm>

I. INTRODUCTION

The Division of Quality Assurance (DQA), Bureau of Health Services (BHS) is responsible for conducting onsite surveys (inspections) in adult day care centers (ADCC) in Wisconsin to ensure that state requirements are met. The following information has been prepared to serve as a guide to the survey process for evaluating adult day care centers.

This survey guide is a general reference for informational purposes. In the event of any conflict between information provided in this guide and the state legal requirements for adult day care centers, rely on the applicable legal requirements.

II. OVERVIEW OF INITIAL SURVEY PROCESS

See <https://www.dhs.wisconsin.gov/regulations/adulthoodcare/openingfacility.htm> for more information on the application and certification requirements for opening an adult day care center in Wisconsin.

Prior to certification, the ADCC must undergo an initial, announced survey visit to ensure required regulations and standards for the care, health and welfare of participants will be met including an environmental review. Noncompliance with § DHS 105.14 may result in failure to receive certification. Certification approval or denial will be made within 70 days of a complete application.

Home and Community Based Services (HCBS): An ADCC must also meet federal HCBS standards to become certified and receive Medicaid funding. HCBS compliance will be reviewed on the initial survey. See Section IV for more information on the HCBS survey process.

A. Initial Survey Checklist

The ADCC Initial Survey Checklist [F-02634](#) provides guidance on areas that will be assessed during the onsite initial survey. Areas of review include:

- Participant Rights DHS 105.15(6)
- Participant Care and Services DHS 105.14(7)
- Medication Administration DHS 105.14(7d)
- Physical Environment DHS 105.14(8)
- Employee Records DHS 105.14(3)
- Safety DHS 105.14(9)
- Additional Requirements for Multi-use Facilities DHS 105.14(10)

B. Environmental Review:

The physical environment (building, exits, water supply, etc.) must meet all requirements of § DHS [105.14\(8\)](#) outlining facility requirements. See [Adult Day Care Center Environmental Review, F-03122](#) for more detailed information on the survey requirements for physical environment.

C. Follow-up Initial Survey

A second, unannounced survey will be conducted within 2 years of the initial certification to allow for an onsite inspection of the ADCC after they begin providing services to clients.

III. OVERVIEW OF THE RECERTIFICATION PROCESS

Per [DHS 105.14\(2\)\(e\)](#), the Division of Quality Assurance (DQA) shall conduct periodic inspections of the ADCC and may review clinical and administrative records, policies and other documents required under this section. Any interference with or refusal to allow or cooperate with any inspection or investigation under this subsection may be grounds for termination of the Medicaid (MA) certification.

Periodic inspections of the ADCC during the period of certification are to ensure compliancy with § DHS [105.14](#) requirements. The purpose of the survey is to determine whether the entity meets applicable state laws and administrative codes during day-to-day operations. Surveys are conducted by healthcare surveyors employed by the DQA, Bureau of Health Services.

Home and Community Based Services (HCBS): An ADCC must also meet federal HCBS standards to become re-certified and maintain Medicaid funding. See Section IV for more information on the HCBS survey process.

A. Off-site Survey Preparation

The surveyor reviews the DQA / BHS historical file of the entity, entity profiles, and other applicable information prior to an onsite survey.

Off-site survey preparation may involve review of:

- License Application
- Criminal Background Checks
- Floor Plans
- Previous Enforcement Actions
- Complaint History
- HCBS Status

B. Entrance Conference

Upon entering the ADCC, the surveyor will introduce him/herself and ask to meet the administrator. The surveyor will request a working area.

The surveyor will inform the entity staff about the survey process, request information needed to conduct the survey and set up a schedule for necessary interviews and tours. They will begin to select clients for record reviews. Staff of the entity may accompany the surveyor during the tour to discuss the surveyor's observations and supply additional information throughout the survey. The entrance conference takes approximately one-half hour.

The surveyor will request the following information from the adult daycare center:

- Number of total active participants on date of survey.
- Number of staff and volunteers (including volunteers who are counted as staff) on date of survey.
- Active Participant Roster including those participants onsite day of survey (including start date of service and days in attendance).
- List of participants who have been discharged within the past 6 months (including start date of service, discharge date and reason for discharge).
- Documentation of injuries, accidents, or deaths while a participant was under the supervision of the ADCC including those that are reportable. See section VII below.
- Copy of the client admissions packet including service agreement and patients' rights statement.
- A list of all personnel with hire dates and titles (including volunteers).
- A roster of staff working on the date of survey (including volunteers) and their personnel files.
- Meal menus and activity calendars for the past 2 months.
- Annual program reviews as required by [DHS 105.14\(11\)](#).
- Policies and procedures for: infection prevention and control; discharges including appeal process for involuntary discharge; and complaint/grievance process.
- Safety reports including fire inspections; well water inspection as needed; fire/evacuation drills; tornado drills; vehicle insurance and maintenance (if ADCC-owned vehicle is used for outings).
- Information/agreements with third party transportation services used for ADCC outings.

- Schedule of times for medication administration, meal service and/or planned activities for date of survey.
- Complaint/grievance log or binder for past 12 months.

C. Information Gathering

1. **Participant Record Review:** See [Adult Day Care Center Participant Records Review, F-03128](#). The surveyor reviews a random sample of participant records including:
 - a **Enrollment Information:** Demographic and contact information, service agreement and costs, comprehensive assessment, service plan, advance directives, and communicable disease screening.
 - b **Participant Rights:** Statement provided to all participants or legal representatives that enumerates the rights found at [DHS 105.14\(6\)](#).
 - c **Medication Records:** See [DHS 105.14\(7\)\(d\)2](#) for rules regarding participant self-administration of medications. Participants self-administering medications should be supervised while taking medications.
[DHS 105.14\(7\)\(d\)3](#) contains rules related to medications that are administered by the ADCC caregiver including the need for: a physician order; listing of current medications with dosage, frequency, route and side effects; proper storage; and a medication administration record.
 - d **Program Services:** The services provided to the participant as outlined in [DHS 105.14\(7\)\(e\)](#) including leisure activities, personal cares as needed, supervision, communication, health monitoring, and behavior management.
 - e **Discharge Procedures:** [DHS 105.14\(5\)\(c\)](#) provides rules for involuntary discharge of participants including criteria for involuntary discharge and requirements to provide 30 days' notice in writing of the discharge.
2. **Personnel Record Review:** See [Adult Day Care Center Staff Record Review, F-03129](#). The surveyor reviews a sample of agency personnel records for employees and volunteers of the agency to ensure that employees and volunteers meet the qualifications, training, and all other requirements for ADCC employees. A separate personnel file should be kept for each employee/volunteer to include:
 - a **Caregiver Background checks:** Background checks are completed at hire and every four years. See <https://www.dhs.wisconsin.gov/misconduct/employee.htm> for more information.
 - b **Caregiver Orientation:** Caregiver must be 16 years of age. Orientation should occur prior to the caregiver performing job duties. The file should include documentation of the caregivers' orientation to the ADCC and its policies, job responsibilities, emergency procedures, participant rights and prevention/reporting of abuse, neglect, and misappropriation.
 - c **Caregiver Training:** Training should occur within 90 days of employment. The personnel records should document training in:
 - i The needs of participants including but not limited to activities, safety risk, behavior plans, communication needs, disease process and nutrition.
 - ii Recognizing and responding to changes in condition including first aid.
 - iii Responding to emergencies including use of a fire extinguisher.
 - iv Personal care training for caregivers who assist participants with activities of daily living (ADLs).
 - v Standard precautions (infection prevention and control) training for caregivers who could be exposed to blood or bodily fluids.
 - vi Medication administration and management for caregivers who will administer or assist participants with prescription or over-the-counter medications.

- d **Caregiver Continuing Education (CE):** Director and caregivers receive at least 10 hour per year of training. At a minimum, records should document CE in standard precautions, participant rights, emergency procedures and prevention and reporting of abuse, neglect, and misappropriation.
 - e **Operator/Owner Qualifications:** The operator owner must be at least 21 years of age and must assure that the ADCC meets all regulatory requirements.
 - f **Director Qualifications:** The director must be at least 21 years of age and manage the day-to-day operations of the ADCC.
3. **Environmental Review:** The physical environment (building, exits, water supply, etc.) must meet all requirements of § DHS [105.14\(8\)](#) outlining facility requirements. See [Adult Day Care Center Environmental Review, F-03122](#) for more detailed information on the survey requirements for physical environment.
 4. **Safety Code Review:** The safety code review expands beyond the initial tour and focuses on environmental safety. This review may include a review of fire safety compliance, evacuation, storage of hazardous materials, water temperature and other required inspections.
 5. **Facility Self-reports:** Surveyors may review incidents or accidents that were reported or were required to be reported—See Section VII.
 6. **Complaints/Grievances –** [DHS 105.14\(6\)\(b\)8](#) provides for the right of the participant to be aware of the ADCC grievance procedure and to file a grievance. The facility should have a policy for review and resolution of grievances. Surveyors may review the complaint log and a sample of complaint investigations to determine if ADCC policies were followed relative to grievances received.

E. Information Analysis and Compliance Decision-making

The surveyor reviews and analyzes all collected information to determine whether the adult day care center has complied with applicable state rules. Analysis and decision-making are an ongoing process throughout the survey. The surveyor maintains ongoing, informal communication with the adult day care center administration as questions arise. Surveyors will conduct a daily report of findings.

F. Exit Conference

The exit conference is an informal meeting of the adult day care center and the surveyor at the end of the survey. The surveyor summarizes the preliminary findings and areas of concern, including requirements that have not been met, as well as the facts and examples on which the findings are based. The exit conference also gives the adult day care center the opportunity to discuss the findings and supply additional information. The surveyor will also discuss the process for issuing a statement of deficiencies and for submitting a plan of correction as needed (see Sections V and VI). Because of the ongoing dialogue between the surveyor and ADCC staff during the survey, there should be few instances when the ADCC is not aware of the surveyor's concerns prior to the exit conference.

The administrator determines which staff should attend the exit conference. The adult day care center may have an attorney present but should give advance notice of this to the surveyor. The exit conference is an informal process and attorneys do not usually attend. Since the survey results are preliminary, surveyors cannot respond to questions raised by legal counsel during exit regarding the findings.

A court reporter may not attend the exit conference. If an adult day care center wishes to audio record or video tape the exit conference, it must first obtain permission from the surveyor. An identical, simultaneous recording must be given to the surveyor at the conclusion of the exit conference. Any eavesdropping or any audio recording or videotaping without the express knowledge and permission of the surveyor is considered impeding the survey process. This may result in termination of the survey.

IV. HOME AND COMMUNITY BASED SERVICES (HCBS) REVIEW

The HCBS settings rule was published in 2014 by the Centers for Medicare & Medicaid Services (CMS). The federal requirements define the qualities of settings eligible for reimbursement for Medicaid home and community-based services. Under the requirements, DHS must ensure that settings in which home and community-based services are provided meet and remain in compliance with the settings rule requirements.

All nonresidential settings must meet conditions that ensure specific rights of people receiving home and community-based services in those settings. Settings must not isolate people from the broader community. See <https://www.dhs.wisconsin.gov/hcbs/nonresidential.htm> for more information.

A. HCBS Benchmarks

Compliance with HCBS requirements is assessed during both initial survey and during recertification surveys. The benchmarks may also be assessed at any time it is applicable to a complaint or grievance investigation. The surveyor will use the [Adult Day Care Center: Home and Community Based Service \(HCBS\) Review: Benchmark Review and Compliance Report, F-03124](#) to review for the following:

- a. Setting in a location where it is easy for people to access the broader community.
- b. People receive services in an area that is fully integrated with those not receiving services.
- c. Setting is separate from medical, behavioral, or therapeutic services.
- d. Schedules are flexible based on personal preferences and promote personal growth.
- e. Setting allows freedom of movement inside and outside the facility.
- f. Setting provides for transportation options to and from the facility.
- g. Tasks and activities are comparable to those people of similar ages who do not receive HCBS.
- h. There are opportunities for people to keep physical possession of their monetary resources.
- i. Schedules are flexible to needs and preference of participants.
- j. Policies and procedures provide for individualized planning and support. Participants are supported in making informed choices and exercising autonomy.
- k. Policies and procedures ensure that personal information is kept private and confidential.
- l. Staff interact respectfully with people in the manner they would like to be addressed and respond to participants' needs in a timely manner.
- m. Restraints or restrictive measures are only used per policy, are least restrictive measure possible and meet state requirements.
- n. There are meaningful choices of activities that align with participants' interests.
- o. Setting provides and posts information about participant rights.
- p. Setting ensures accessibility per the Americans with Disabilities Act (ADA).
- q. Setting ensures dignity in an age-appropriate manner for dining.

Staff are trained on hire and annually in:

(NOTE: these HCBS training requirements are *in addition* to those found in [DHS 105.14\(4\).](#))

- i. Person-centered assessment and planning
- ii. Participant rights including right to file a complaint or grievance
- iii. Working with the target population
- iv. Using individualized communication strategies and assistive technology

B. Heightened Scrutiny Review

The home and community-based services (HCBS) settings rule requirements define the qualities of settings that are eligible for reimbursement of Medicaid home and community-based services. The federal rule also assumes that certain settings are **not** home and community based. These include:

- a. Settings in a publicly or privately owned facility providing inpatient treatment (including skilled nursing facilities).
- b. Settings on the grounds of, or adjacent to, a public institution.
- c. Settings with the effect of isolating individuals from the broader community of individuals not receiving Medicaid HCBS waiver services.

If a residential or non-residential setting meets one of the above criteria, then the setting will require additional review (heightened scrutiny) to overcome the assumption that it is not home and community based. For example, if a community-based residential facility or an adult day care provider is located on the grounds of a public institution, it will not be considered home and community-based unless an additional review determines otherwise.

C. Correcting HCBS Non-Compliance

If HCBS benchmarks are found to be unmet during the survey, the ADCC will be issued a description of the benchmarks found out of compliance on the [Adult Day Care Center: Home and Community Based Service \(HCBS\) Review: Benchmark Review and Compliance Report, F-03124](#). The ADCC will have the opportunity to submit a plan of correction as described in Section VI.

V. STATEMENT OF DEFICIENCIES

A. Survey Findings

The surveyor summarizes survey findings in a final report. If the surveyor determines that the ADCC is out of compliance with rules, standards, or regulations, the surveyor will document those findings. The findings serve as a basis for the ADCC to analyze its deficient practices or system failures and develop correction plans.

B. Timeline

Survey findings are documented on the Statement of Deficiencies form. **Survey findings will be served electronically (by e-mail) within 10 working days** following the exit conference.

C. State and Federal Rules and Standards of Noncompliance

A violation exists when adult day care centers fail to comply with a state statute, federal statute, or administrative rule. The Department of Health Services promulgates and enforces rules and standards necessary to provide safe and adequate care and treatment of patients and to protect the health and safety of the participants of the adult day care center.

The department authority is derived from the following statutes and administrative rules.

Wisconsin State Statutes

Section 50.065 Criminal History and Patient Abuse Record Search
Section 940.285 Abuse of Individuals at Risk
Section 940.295 Abuse and Neglect of Patients and Residents
Section 961 Wisconsin Controlled Substances Act

Wisconsin Administrative Codes

Chapter DHS 12 Caregiver Background Checks
Chapter DHS 13 Reporting and Investigating Caregiver Misconduct
Chapter DHS 105.14 Provider Certification – Adult Day Care Centers

[Chapter DHS 145](#) Control of Communicable Diseases

Federal Statutes

[42 CFR 441.301](#).....Content of Requests for a Waiver (Medicaid funding for HCBS)

VI. PLAN OF CORRECTION

If, after receiving a Statement of Deficiencies, ADCC staff has questions regarding the survey findings, they may consult informally with the surveyor's supervisor to discuss compliance issues.

A plan to correct violations of deficiencies found by the DQA, Bureau of Health Services should be written electronically on the Plan of Correction form (which is sent with the SOD when issued) and **submitted by e-mail to the lead surveyor within 10 calendar days**.

A. Correction of Violations

An adult day care center that violates requirements is requested to submit a plan to correct the violations (Plan of Correction). The adult day care center shall submit a plan of correction within **10 calendar days** following receipt of the Statement of Deficiencies. Confirmation of an acceptable Plan of Correction will be provided electronically via e-mail by the lead surveyor.

According to [DHS 105.14\(2\)\(g\)](#), the Department may revoke the adult day care center's approval certificate for failing to submit a plan of correction and failure to correct deficiencies of state statutes or administrative rules.

B. Plan of Correction (POC) Content

To be considered complete, each plan of correction should include the following:

- What the adult day care center will do to correct the deficient practice and ensure continued compliance in the future
- How correction will be accomplished and monitored
- Title of staff member(s) who will implement the plan and monitor future compliance
- When the correction(s) will be completed

C. Time Period for Correction

Correction should be accomplished with 60 days of the exit conference or sooner. Serious deficiencies or violations require a correction date of 30 days or less. If the completion date extends beyond 60 days, the plan of correction must include benchmark dates to specify when correction stages will be completed.

An adult day care center that cannot correct a deficiency by the established completion date may request an extension by contacting the surveyor involved. The surveyor and an Acute Care Compliance Section supervisor will determine whether the correction time is reasonable and will notify the ADCC of its decision.

D. Verification of Correction

Verification: The Bureau of Health Services will verify correction of all deficiencies after the established completion dates have passed. In certain cases, this verification may be completed by desk review. In other cases, an onsite visit will be required.

Fee for onsite Verification Visit: According to [Wis. Stat. § 49.45\(47\)\(e\)](#), if the Department takes enforcement action against an adult day care center for violation of this subchapter or rules promulgated under it, and the **Department subsequently conducts an onsite inspection** to review the facility's action

to correct the violation(s), the Department may impose a **\$200 inspection fee** on the adult day care center.

E. Failure to Correct Deficiencies

Failure to correct a state or federal violation by the date specified in the plan of correction may result in any of the following penalties:

- Revocation of the ADCC certification.
- Notice to the state Medicaid agency that the ADCC is no longer certified—see §§ DHS [106.05](#), [106.06](#), or [106.065](#).

Under [DHS 105.14\(2\)h](#), any denied application for certification under 105.14(2)d or suspended or revoked under 104.14(g) can request a hearing on that decision in accordance with [§ DHS 227.42](#).

VII. FACILITY SELF-REPORTING OF INCIDENTS/ACCIDENTS

Facility Self-reports: Adult day care centers are required to report:

- A. **Reportable Deaths:** Per [DHS 105.14\(2\)\(k\)](#), If a participant dies at the ADCC or while under the supervision of the ADCC, the ADCC must report within 3 days.
 - a **Death related to suicide, restraints, or psychotropic medications:** Find reporting procedures at: <https://www.dhs.wisconsin.gov/regulations/report-death/proc-reportingdeath.htm>
 - b **Death due to accident or injury:** Report within 3 days using the [Adult Day Care Center Self-Report, F-03145](#).
- B. **Other Reporting Requirements:** Use [Adult Day Care Center Self-Report, F-03145](#) to report the following within 3 days as required by [DHS 105.14\(2\)\(L\)](#):
 - i Participant's whereabouts are unknown.
 - ii Law enforcement is called due to an incident that affects participant or caregiver health, safety, or welfare.
 - iii Incident or accident involving serious injury that requires emergency room treatment or hospital admission.
 - iv A catastrophe that causes structural damage.
 - v Anytime there is an evacuation or temporarily relocation except for a fire drill.
- C. **Fire Reporting:** Fires in a licensed/certified facility in Wisconsin must be reported to the Department of Health Services within 72 hours. To report a fire, complete and submit the [Health Care Facility Fire Report, F-62500](#). For questions regarding fire reporting, contact DQA Fire Authority at dhsdqaplanreview@dhs.wisconsin.gov or 608-266-8016.

VIII. COMPLAINTS

The DQA, Bureau of Health Services responds to two types of health care complaints – entity practices and caregiver misconduct.

A. Entity Participant Complaints

The Bureau of Health Services, Acute Care Compliance Section receives complaints and conducts complaint surveys for entity practice concerns, such as inappropriate or inadequate health care, lack of entity staff training, understaffing, poor quality care, etc.

Please see <https://www.dhs.wisconsin.gov/guide/complaints.htm> for more information on filing a complaint.

A participant may use any of the following methods for submitting an ADCC complaint:

- a. **Online form:** File a complaint online by completing the [Complaint Intake Survey, F-00607\(link is external\)](#)
- b. **Telephone:**
 - Complaint Hotline (toll free) 1-800-642-6552
 - Complaint Hotline (Madison) 608-267-1441
- c. **Mail to:**

**DHS / Division of Quality Assurance
Office of Caregiver Quality
P.O. Box 2969
Madison, WI 53701-2969**

B. Caregiver Misconduct

Definition of Caregiver Misconduct

Complaints about caregiver misconduct relate to specific incidents between a caregiver and a patient, including but not limited to the following as outlined in §§ DHS [46.90\(1\)](#), [940.285](#), [940.295](#):

- *Abuse* – hitting, slapping, verbal, emotional, sexual actions, treatment without consent, unreasonable confinement, deprivation for basic need for food, shelter, clothing, etc. See [DHS chapter 13](#).
- *Neglect* – intentional carelessness or disregard of policy or care plan
- *Misappropriation* – theft; using property without consent, such as telephone or credit cards

Additional information on Misconduct Definitions is found in [DQA Publication P-00976](#).

All entities regulated by the Division of Quality Assurance must immediately protect patients from subsequent incidents of caregiver misconduct, investigate all allegations of caregiver misconduct, and determine whether or not the incident must be reported to DQA.

Please see <https://www.dhs.wisconsin.gov/caregiver/complaints.htm> for information on investigating and reporting caregiver misconduct.

To report caregiver misconduct, see [DQA Form F-62447](#) – Misconduct Incident Report.

The [Misconduct Incident Reporting \(MIR\)](#) system is a secure, web-based system for entities to submit the Misconduct Incident Report, F-62447 form.

Entities must create and register an account to access the MIR system. It may take up to three business days to process a registration. Refer to [DQA Misconduct Incident Reporting \(MIR\) System: How to Sign Up, P-02312](#) (PDF) for instructions.

If the [MIR system](#) cannot be accessed, reports will be accepted via postal mail, fax, or email at:

Department of Health Services

Division of Quality Assurance

Office of Caregiver Quality

PO Box 2969

Madison, WI 53701-2969

Fax: 608-264-6340

Email: DHSCaregiverIntake@wi.gov

C. Adult-at-Risk Incidents

Entity Requirements

Wis. Stat. §§ [46.90\(4\)\(ab\)1](#) and [55.043\(1m\)\(a\)](#) require that **any employee of any entity report** allegations of abuse, neglect, or exploitation if the adult-at-risk is seen in the course of the person's professional duties and one of the following conditions is true:

- The adult-at-risk has requested the person to make the report.
- There is reasonable cause to believe that the adult-at-risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk.
- Other adults-at-risk are at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator.

Allegations Involving All Perpetrators

For allegations involving all perpetrators (family member, friend, visitor, resident, stranger, etc.), submit DQA form, F-62447, [Misconduct Incident Report](#), to DQA at:

DHS / Division of Quality Assurance

Office of Caregiver Quality

P.O. Box 2969

Madison, WI 53701-2969

All incident reports are reviewed by DQA staff who will forward reports to other agencies – e.g., county human service departments, elder/adult-at-risk agencies, state, or local law enforcement agencies, the Board on Aging and Long-term Care – as appropriate.

Office of Caregiver Quality Contact Information

If you have questions, you may contact the Office of Caregiver Quality by telephone at **608-261-8319** or via email at dhscaregiverintake@dhs.wisconsin.gov.